Company Tracking Number: A-01121AR

TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium

Variable

Product Name: Individual Annuity Application

Project Name/Number: Individual Annuity Application/A-01121

Filing at a Glance

Company: Fidelity Security Life Insurance Company

Product Name: Individual Annuity Application SERFF Tr Num: FDLT-126809315 State: Arkansas TOI: A02I Individual Annuities- Deferred Non-SERFF Status: Closed-Approved-State Tr Num: 46773

Variable Closed

Sub-TOI: A02I.002 Flexible Premium Co Tr Num: A-01121AR State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Authors: Jennifer Glaser, Kelly Humiston, Teresa Saling, Tara Wilson, Debbie Oestreich

Date Submitted: 09/13/2010 Disposition Status: Approved-

Closed

Disposition Date: 09/17/2010

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Individual Annuity Application Status of Filing in Domicile: Pending

Project Number: A-01121 Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments: Filed in Missouri,

our domicile state on 9/13/2010.

Explanation for Combination/Other: Market Type: Individual Submission Type: New Submission Group Market Size:

Overall Rate Impact: Group Market Type:

Filing Status Changed: 09/17/2010 Explanation for Other Group Market Type: State Status Changed: 09/17/2010

Deemer Date: Created By: Teresa Saling

Submitted By: Tara Wilson Corresponding Filing Tracking Number:

A-01121 Application

Filing Description:

Fidelity Security Life Insurance Company NAIC #71870 FEIN #43-0949844 Individual Deferred Fixed Annuity

Company Tracking Number: A-01121AR

TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium

Variable

Product Name: Individual Annuity Application

Project Name/Number: Individual Annuity Application/A-01121

We respectfully submit the form referenced above for your review and approval. This form is new and does not replace any like forms previously approved by your state.

The application will be solicited by one-on-one direct sales and issued individually. The form is marketed without an illustration.

The application will be used with forms M-2014 and M-2015 previously approved by your Department on April 24, 2003.

Variable information is indicated by brackets { }. The variables are to be read as though the phrase is in, out, or the choices shown. The variables will not be adjusted to be less favorable than your state allows.

If you have any questions or require additional information, please feel free to telephone me at (800) 648-8624, extension 276, or Email me at tsaling@fslins.com.

Company and Contact

Filing Contact Information

Teresa Saling, Contract Analyst tsaling@fslins.com

3130 Broadway 800-648-8624 [Phone] 1276 [Ext]

Kansas City, MO 64111-2406 816-751-6026 [FAX]

Filing Company Information

Fidelity Security Life Insurance Company CoCode: 71870 State of Domicile: Missouri 3130 Broadway Group Code: 451 Company Type: Life & Health

Kansas City, MO 64111-2406 Group Name: State ID Number:

(800) 648-8624 ext. [Phone] FEIN Number: 43-0949844

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Filing Company: Fidelity Security Life Insurance Company State Tracking Number: 46773

Company Tracking Number: A-01121AR

TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium

Variable

Product Name: Individual Annuity Application

Project Name/Number: Individual Annuity Application/A-01121

Fidelity Security Life Insurance Company \$50.00 09/13/2010 39464378

Company Tracking Number: A-01121AR

TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium

Variable

Product Name: Individual Annuity Application

Project Name/Number: Individual Annuity Application/A-01121

Correspondence Summary

Dispositions

Status Created By Created On Date Submitted

Approved- Linda Bird 09/17/2010 09/17/2010

Closed

Objection Letters and Response Letters

Objection Letters Response Letters

Status Created By Created On Date Submitted Responded By Created On Date Submitted

Pending Linda Bird 09/16/2010 09/16/2010 Tara Wilson 09/16/2010 09/16/2010

Industry Response

Filing Company: Fidelity Security Life Insurance Company State Tracking Number: 46773

Company Tracking Number: A-01121AR

TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium

Variable

Product Name: Individual Annuity Application

Project Name/Number: Individual Annuity Application/A-01121

Disposition

Disposition Date: 09/17/2010

Implementation Date: Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

 SERFF Tracking Number:
 FDLT-126809315
 State:
 Arkansas

 Filing Company:
 Fidelity Security Life Insurance Company
 State Tracking Number:
 46773

Company Tracking Number: A-01121AR

TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium

Variable

Product Name: Individual Annuity Application

Project Name/Number: Individual Annuity Application/A-01121

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Explanation of Variables		Yes
Form (revised)	Annuity Application		Yes
Form	Annuity Application	Replaced	Yes

Company Tracking Number: A-01121AR

TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium

Variable

Product Name: Individual Annuity Application

Project Name/Number: Individual Annuity Application/A-01121

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 09/16/2010 Submitted Date 09/16/2010 Respond By Date 10/18/2010

Dear Teresa Saling,

This will acknowledge receipt of the captioned filing.

Objection 1

- Flesch Certification (Supporting Document)

- Application (Supporting Document)
- Life & Annuity Acturial Memo (Supporting Document)
- Explanation of Variables (Supporting Document)
- Annuity Application, A-01121AR (Form)

Comment: Ark. Code Ann. 23-66-503 (a) requires a statement in an application substantially the same as that included in the statute.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Company Tracking Number: A-01121AR

TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium

Variable

Product Name: Individual Annuity Application

Project Name/Number: Individual Annuity Application/A-01121

Response Letter

Response Letter Status Submitted to State

Response Letter Date 09/16/2010 Submitted Date 09/16/2010

Dear Linda Bird,

Comments:

Thank you for your review of the filing.

Response 1

Comments: The fraud language from Ark. Code Ann. 23-66-503(a) has been added to the application as required. The new form number is A-01121AR.

Related Objection 1

Comment:

Ark. Code Ann. 23-66-503 (a) requires a statement in an application substantially the same as that included in the statute.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form	Edition	Form Type	Action	Action	Readability	y Attach
	Number	Date			Specific	Score	Document
					Data		
Annuity Application	A-		Application/Enrollment	Initial		50.000	A-
	01121AR		Form				01121AR.
							pdf
Previous Version							
Annuity Application	A-01121		Application/Enrollment	Initial		50.000	A-
•			Form				01121.pdf

Filing Company: Fidelity Security Life Insurance Company State Tracking Number: 46773

Company Tracking Number: A-01121AR

TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium

Variable

Product Name: Individual Annuity Application

Project Name/Number: Individual Annuity Application/A-01121

No Rate/Rule Schedule items changed.

If we can provide any further assistance, please let us know.

Sincerely,

Debbie Oestreich, Jennifer Glaser, Kelly Humiston, Tara Wilson, Teresa Saling

Filing Company: Fidelity Security Life Insurance Company State Tracking Number: 46773

Company Tracking Number: A-01121AR

TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium

Variable

Product Name: Individual Annuity Application

Project Name/Number: Individual Annuity Application/A-01121

Form Schedule

Lead Form Number: A-01121

Schedule Form Form Type Form Name Action Action Specific Readability Attachment

Item Number Data

Status

A-01121AR Application/Annuity Application Initial 50.000 AEnrollment 01121AR.pdf

Form

Fidelity Security Life Insurance Company 3130 Broadway, Kansas City, Missouri 64111-2406

{Marketing Name} Annuity Application

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, Missouri Traditional IRA} Non-Qualified} Plan Type: 403(b)457} 403(b) Roth} 401(a)} Roth IRA} Rollover} SIMPLE} SEP IRA} Other **Premium Type:** Flexible Premium ☐ Single Premium **Print Full Name** Last First Middle Mailing Address Street City State Zip {Residential Address State {E-Mail Address {Employer {Employer} {District} {Building} {Employer Address Street City State Zip} Home Phone Work Phone Male Female {Annual Salary \$ Date of Birth **Amount of Monthly Deposit Desired** \$ **Month Deposit is to start** Month Year Beneficiary Allocation Relationship SS# ☐ Primary ☐ Contingent % Primary Beneficiary Allocation total must equal 100%. Contingent Beneficiary Allocation total must equal 100%. **Employment Start Date** Month Year **Dollar Cost Averaging:** Minimum account balance of \$2,400 required. Please transfer entire balance over a period of ☐ 6 ☐ 12 ☐ 18 ☐ 24 months (please check one) I understand that transfers will be made on the 15th day (or next business day) to the designated affiliated company each month until the entire balance plus interest has been exhausted. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Is any annuity or life insurance contract being replaced with this purchase? Yes No If Yes, please provide the name of the insurance company(ies) and contract or policy number for each product being replaced. Please complete the replacement forms. **Signature** > **Date** I have verified the applicant's identity by viewing Drivers License Drivers License # Other Agent Signature > Date

A-01121AR For Office Use Only

Company Tracking Number: A-01121AR

TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium

Variable

Product Name: Individual Annuity Application

Project Name/Number: Individual Annuity Application/A-01121

Supporting Document Schedules

Item Status: Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Please see the attached document.

Attachment:

A-01121 Readability Certification.pdf

Item Status: Status

Date:

Satisfied - Item: Explanation of Variables

Comments:

Please see the attached document.

Attachment:

A-01121 Explanation of Variables.pdf

FIDELITY SECURITY LIFE INSURANCE COMPANY

Kansas City, Missouri

I, AN OFFICER OF Fidelity Security Life, certify that the Flesch reading ease score for policy form(s) * meets the minimum requirements of the NAIC Policy Language Model Simplification Act.

incl nan pag	udes the following: ne, number and title	(a) name and address of the policy; index page	anguage has been excepted. Such language of Fidelity Security Life Insurance Company; ge; captions and subcaptions; specifications d in the policy; and (c) medical terminology, if
*	A-01121	50	
			Martha E. Madden
			Vice President and General Counsel
			September 10, 2010 Date

Explanation of Variables Form A-01121

APPLICATION

Marketing Name In or out or name chosen

403(b), 457, Traditional IRA, Non-Qualified, 403(b) Roth, 401(1) (a), Roth IRA, Rollover, SIMPLE, SEP IRA, Other

In or Out, depending upon which type of plan is elected

Residential Address In or out

E-Mail Address In or out

Employer In or out

Employer, District, Building

In or out or one of the option shown

Employer Address In or out

Annual Salary In or out

Filing Company: Fidelity Security Life Insurance Company State Tracking Number:

Company Tracking Number: A-01121AR

TOI: A02I Individual Annuities- Deferred Non-Sub-TOI: A02I.002 Flexible Premium

Variable

Product Name: Individual Annuity Application

Project Name/Number: Individual Annuity Application/A-01121

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date: Schedule Schedule Item Name Replacement **Attached Document(s)**

Creation Date

09/10/2010 **Annuity Application** 09/16/2010 A-01121.pdf (Superceded) Form

Fidelity Security Life Insurance Company 3130 Broadway, Kansas City, Missouri 64111-2406

{Marketing Name}

Annuity Application
Underwritten by: Fidelity Security Life Insurance Company, Kansas City, Missouri

Plan Type:	{☐ 403(b)} {☐ 403(b) Roth} {☐ SIMPLE}	{☐ 457} {☐ 401(a)} {☐ SEP IRA}	{	Traditional IRA} Roth IRA} Other		n-Qualified} llover}
Premium Type:	Flexible Premium	☐ Single Premi	um			
Print Full Name				SSN		
	Last	First	Middle			
Mailing Address	Street		City		State	Zip
{Residential Addre			City		State	2.16
(Itesiaeittai i iaai	Street	(City		State	Zip}
{E-Mail Address						}
{Employer						}
{Employer} {Distr	rict} {Building}					
{Employer Addres						
	Street		City		State	Zip}
Home Phone			Work Phone			
Date of Birth	Mo. Day		le Female	{Annual Salary	\$	}_
Amount of Month	aly Deposit Desired \$		Month D	Deposit is to start		
		4.11		_	Month	Year
☐ Primary	<u>Beneficiary</u>	Allocation		Relationship		<u>SS#</u>
☐ Contingent ☐ Primary			<u></u>			
☐ Contingent			<u></u>			
☐ Primary ☐ Contingent		•	%			
☐ Primary ☐ Contingent			<u> </u>		_	
•	ry Allocation total must equal	-		ocation total must e	equal 100%.	
Employment Start						
	Month	Year				
Dollar Cost Avera Minimum account	aging: balance of \$2,400 required.					
Please transfer enti	re balance over a period of	☐ 6 ☐ 12 ☐ 18 (please ch	24 months	S		
	ransfers will be made on the blus interest has been exhaust		siness day) to t	he designated affili	ated company	each month until
	ife insurance contract being to v(ies) and contract or policy r					
Signature >				Da	nte	
I have verified the	applicant's identity by viewing	ng Drivers Lic	ense Drive	rs License #		
Agent Signature _	>			Da	ite	

A-01121